

2009 EDGEFIELD COUNTY DIXIE BOYS PLAYER REGISTRATION

(Please Print)

PLAYERS FULL NAME: _____ AGE as on May 1: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT OR GUARDIAN'S NAME: _____

HOME #: _____ CELL #: _____ EMAIL: _____

EMERGENCY CONTACT'S NAME: _____

HOME #: _____ CELL #: _____

DOB _____ BC # and State _____

Medical Restrictions: _____

Medicines or Allergies: _____

PARENTAL AUTHORIZATION

I, parent or guardian of the above named candidate for a position in above mentioned baseball program, hereby gives approval to his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and persons transporting the player to and from activities, for any claim arising out of an injury to the player, except to the extent and in the amount covered by accident and/or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or at other times when neither parent, nor guardian is available to grant authorization for emergency treatment.

I agree to return upon request the uniform and other equipment issued to the player in as good a condition as when received, except for normal wear and tear.

I will furnish a certified birth certificate of the above named candidate upon request by league officials.

NAME OF PARENT OR GUARDIAN: _____ RELATIONSHIP: _____

SIGNATURE: _____ DATE: _____

Team and coach your child played for last season: _____

Please answer the following by checking the appropriate answers.

Will either parent be willing to help:

Head Coach: ___ Yes ___ No

Asst. Coach: ___ Yes ___ No

Scorekeeper: ___ Yes ___ No

Coach Pitch Umpire: ___ Yes ___ No

Do you know any child unable to play due to lack of equipment, funds, transportation, etc.?

Amount paid \$ _____